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NORTHALLERTON

Urban District Council.

MEDICAL OFFICER'S ANNUAL REPORT

FOR THE
YEAR ENDING 31ST DECEMBER, 1925.

W. BAIGENT, M.B.E., M.D.,
Medical Officer of Health.

NORTHALLERTON :

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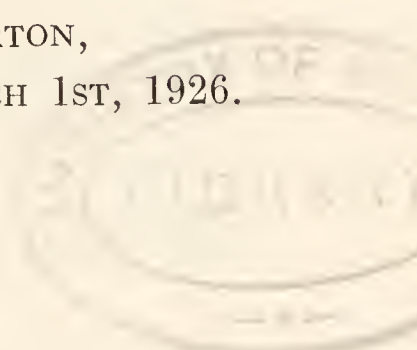


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Northallerton Urban District.

NORTHALLERTON,
MARCH 1ST, 1926.



Medical Officer's Annual Report

For the year ended December 31st, 1925.

MR. CHAIRMAN AND GENTLEMEN,

This Report, which I again have the honour of presenting, deals with the sanitary administration, circumstances, and vital statistics of your district to December 31st, 1925. It will be remembered the four previous Reports were ordinary Annual Reports, and at the end of five years, the Report was to be one dealing not only with the circumstances of the year chiefly under consideration, but to include also the conditions and administration of the previous five years and to be termed a Survey Report.

The points set out in the circular issued by the Ministry to be comprehensively dealt with, and included in Survey Reports, contain amongst others the following :—

- (a) The measure of progress made in the area during the preceding five years in the improvement of the public health ;
- (b) The extent and character of the changes made during that period in the public health services of the area (*e.g.* housing, water supply, sewerage, refuse disposal, treatment of tuberculosis, hospitals and other services for the prevention or cure of disease, &c.) ;
- (c) Any further action in organization or development contemplated by the Local Authority.

As Northallerton is a small urban area, a country town, largely dependant upon agriculture in the surrounding district, the size and scope of this report must necessarily be limited. In its arrangement it will no doubt be considered best to follow as far as possible the order of previous annual reports ; and deal with the points under the above headings, that is, the progress made and the extent and character of the changes made, during the five years under review, and actions contemplated in the future, under the various subjects as they are considered, rather than dealing with the points separately under the three headings as enumerated above.

1. GENERAL STATISTICS.

		1921.	1922.	1923.	1924.	1925.
Area (acres)	..	3,653	3,653	3,653	3,653	3,653
Population (1921)	..	4,791	4,791	4,791	4,791	4,791
Population estimated						
June 30th, 1925	..	—	—	—	—	4,835
Number of inhabited						
houses (1921)	..	1,101	1,101	—	—	1,101
Number of families or						
separate occupiers (1921)		1,101	1,101	1,101	1,101	1,101
Rateable value	..	£30,210	£30,210	£30,328	£30,328	£31,830
Sum represented by a						
penny rate	..	£80	£80	£79	£79	£80

Physical Features.

Northallerton is a small market town situated in the Vale of York consisting mainly of one long wide street, with narrow side streets or yards. The houses are mostly built of red brick, and the area immediately surrounding the town is open agricultural land, for the most part flat or gently undulating, and intersected with good roads stretching and branching in every direction.

The occupations of the inhabitants are the usual businesses found in all small towns, depending for their trade upon the residents, agricultural, sporting and retired living in the town and the surrounding districts. Other occupations consist of workers in a linoleum factory, railway, and agricultural workers. There is no industry having a bad effect upon the health of the community.

2. EXTRACTS FROM VITAL STATISTICS.

Births.

		Total.	M.	F.			
1921	{ Legitimate	102	63	39	}	Birth Rate (R.G.)	23·37
	{ Illegitimate	10	7	3			
1922	{ Legitimate	89	47	41	}	,,	19·35
	{ Illegitimate	4	3	1			
1923	{ Legitimate	82	39	43	}	,,	18·90
	{ Illegitimate	9	4	5			
1924	{ Legitimate	81	42	39	}	,,	17·56
	{ Illegitimate	4	2	2			
1925	{ Legitimate	72	29	43	}	,,	15·72
	{ Illegitimate	4	1	3			

The decline in the birth rate is seen by the above figures and it shews a continuous fall since the termination of the war. The average birth rate over the five years is 18·98 per 1,000 estimated population.

Deaths.

		Total.	Males.	Females.	Death Rate (R.G.)
1921	..	54	29	25	11·27
1922	..	41	15	26	8·53
1923	..	63	39	24	13·08
1924	..	57	31	26	11·77
1925	..	53	24	29	10·96

The average death rate over the five years is 11·12 per 1,000 estimated population. The birth rate for many years before the war was more than double the death rate, but it will be observed it now falls short of this since 1922, and the average for the five years is also short, being 11·12 births and 18·98 deaths.

Women dying in or in consequence of Childbirth.

		From Sepsis.	From other causes.
1921	..	Nil	Nil
1922	..	Nil	Nil
1923	..	Nil	Nil
1924	..	Nil	Nil
1925	..	Nil	Nil

This is a most gratifying return, no deaths are more sad, or to be more deplored, than those falling under this head.

Deaths of Infants under one year of age :—

		M.	F.
Legitimate	..	1	3
Illegitimate	..	1	0
		—	—
Total	..	2	3
		—	—

Infantile death rate per 1,000 births registered :—

		Legitimate.	Illegitimate.	Total.
1921	..	71·42	17·85	89·28
1922	..	48·5	—	48·5
1923	..	87·9	10·9	98·8
1924	..	70·5	11·7	82·2
1925	..	52·6	13·1	65·7

The average infantile death rate over the five years is 76·89 per 1,000 births registered.

Deaths from Measles and Whooping Cough (all ages) and Diarrhoea (under 2 years of age) :—

		Measles.	Whooping Cough.	Diarrhoea.
1921	..	—	—	—
1922	..	—	—	1
1923	..	—	3	—
1924	..	—	1	1
1925	..	1	—	—

The above returns are highly satisfactory. It is most unusual to have only one death from measles over a five yearly period, and the deaths from whooping cough are low.

It is also encouraging to note that no deaths are due to diarrhoea or gastro-enteritis during the year. This is exceedingly good and the result is due no doubt to the abolition of ashpits, the destruction of house flies, and the improvement in the milk supply. In other words there is little disease due to food contamination, insanitary surroundings, or neglect on the part of the patient or nurse.

There was only one death amongst illegitimate infants and was not due to a preventable cause or to any neglect.

3. NOTIFIABLE DISEASES DURING THE YEAR.

Disease.	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.
Diphtheria	—	—	—
Scarlet Fever	7	3	Nil.
Enteric Fever (inc. Paratyphoid) ..	—	—	—
Puerperal Fever	—	—	—
Pneumonia	—	—	—
Other diseases generally notifiable..	—	—	—
Other diseases notifiable locally ..	—	—	—
Tuberculosis :—		Sanatorium.	
(a) Pulmonary .. { M. 2 F. 2	4	1	1
(b) Non-pulmonary .. —		—	—
Ophthalmia Neonatorum ..	No case notified.		

Notifiable Diseases during the Five Years.

Disease.	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.
Diphtheria	2	Nil	Nil
Scarlet Fever	56	34	Nil
Enteric Fever (inc. Paratyphoid) ..	Nil	Nil	Nil
Puerperal Fever	Nil	Nil	Nil
Pneumonia	Nil	Nil	Nil
Other diseases generally notifiable :			
Encephalitis Lethargica ..	1	Nil	1
Erysipelas	3	Nil	Nil
Other diseases notifiable locally :			
Chicken Pox	3	Nil	Nil
Tuberculosis :			
(a) Pulmonary .. { M. 12 F. 5	17	5 Nil	5 4
(b) Non-pulmonary	3	5 Nil	9 2
Ophthalmia Neonatorum ..	Nil	Nil	Nil

The following is the analysis under age groups of Scarlet Fever cases for the year 1925 :—

Age.				Age.			
Under 1 year	..	—		10-15 years	..	1	
1-2 years	..	..	—	15-20 „	..	1	
2-3 „	..	..	—	20-35 „	..	1	
3-4 „	..	..	—	35-40 „	..	—	
4-5 „	..	..	—	65 and over	..	—	
5-6 „	..	..	1				
6-7 „	..	..	—				
7-8 „	..	..	—				
8-9 „	..	..	3				
				Total	..	7	—

And the same analysis for the five years 1921 to 1925 inclusive, is as follows :—

Age.				Age.			
Under 1 year	..	1		10-15 years	..	11	
1-2 years	..	2		15-20 „	..	7	
2-3 „	..	4		20-35 „	..	6	
3-4 „	..	1		35-40 „	..	—	
4-5 „	..	5		65 and over	..	—	
5-6 „	..	7					
6-7 „	..	1					
7-8 „	..	4					
8-9 „	..	7					
				Total	..	56	—

The number of deaths from tuberculosis during the year was four, due to pulmonary and none to non-pulmonary disease. The total tuberculous deaths during the five years number 11, being 9 pulmonary and 2 non-pulmonary cases. This is a relatively small number and points to the campaign against this preventable disease shewing signs of bearing fruit. The notification of this disease is still not satisfactory or complete, although there are signs of improvement. There is reason to think cases of the non-pulmonary type are not regularly notified.

4. CAUSES OF SICKNESS.

The amount of infectious disease notified during the year was very small, and consisted of 7 cases of Scarlet Fever, 4 of Pulmonary Tuberculosis, and 1 of non-Pulmonary Tuberculosis. Three of the cases of Scarlet Fever were isolated in the Fever Hospital, and the remainder isolated at home. They were, with one exception, all independent cases, and in no instance did the infection spread, with the exception of one child who contracted the disease at the onset from the first case in the house. Of the non-notifiable infectious diseases there was one

death from complications following measles, and none from other infectious diseases, with the exception of the deaths from tuberculosis. Amongst other causes of death 11 were due to cancer of various parts, two to cerebral haemorrhage, five to heart diseases, five to arterial degeneration, two to bronchitis, four to pneumonia, three to nephritis, two to accidents or violence, and 12 to other defined causes. It is noteworthy that no deaths were due to that much dreaded disease appendicitis, and none due to influenza.

5. NURSING ARRANGEMENTS, HOSPITALS, &c., AVAILABLE IN THE DISTRICT.

As no change has taken place in the Hospitals, or nursing arrangements in this area during the past year, the information under this heading given in the last annual report is repeated, with little or no alteration. There are, however, additional district nurses in the locality, and in case of pressure these could doubtless be called upon in case of urgent need.

Northallerton Urban district for its size and population is well provided with hospitals, nurses, help in the home, and organised arrangements for the transport of the sick and injured.

Nursing in the Home. (a) For general home nursing there is a visiting district nurse, under the management of a voluntary committee of ladies. For twenty-seven years the committee has carried on this useful work. The funds are largely derived from voluntary contributors, supplemented by small annual subscriptions or fees from the patients. Better class patients requiring the nurse's services are charged a fee according to scale. The Red Cross Society during 1921 gave a donation of £50 towards the expenses.

As the committee is a small private one, the scheme is run on economical lines, and initiative is not cramped by restrictive regulations. Should there be an excessive amount of illness beyond the powers of a single nurse, an extra nurse could be employed, or help of a voluntary nature could be organised. For serious cases requiring the whole time services of a trained nurse, the Rural Nursing Association in the town supplies nurses for this purpose. It was originally established for the purpose of nursing the poor in their own homes, but now supplies nurses for all classes of patients. The difficulty of getting nurses for this class of work is not so great as a few years ago.

(b) No provision is made for the nursing of infectious cases in the patients own home free of charge, but nurses are supplied for this class of case at the usual charge for such work by the association referred to in the above paragraph.

Midwives. The District Nurse acts as midwife for the district, and certified midwives practising in the district also attend to such cases by arrangement when required. It has not been necessary to ask the Local Authority for financial assistance.

Treatment Centres. A Tuberculosis Dispensary under the control or supervision of Dr. J. J. Thomson, the Tuberculosis Officer to the County Council, is held at the Rutson Hospital each Wednesday at 3 p.m. A school Eye Clinic under Dr. V. Miller is held at the Rutson Hospital on Friday monthly.

There is no provision made in this area for the public treatment of Venereal disease, and a dispensary for this purpose is not necessary here, as the amount of such diseases is so small as not to warrant the establishment of such a centre. Cases from the area attend the dispensaries at Stockton and Darlington.

Hospitals provided or subsidised by the Local Authority or by the County Council.

(1) **TUBERCULOSIS.** Three beds are provided in the Rutson Hospital for non-pulmonary tubercular diseases. They are occupied mostly by tubercular joint and other cases requiring care or extended special treatment and are available for patients from the whole county. These beds are paid for at a fixed rate per week per occupied bed, the financial arrangement being subject to adjustment by agreement between the Rutson Hospital Committee and those who control the Tuberculosis schemes of the County Council.

Pulmonary cases requiring sanatorium treatment residing in this area are sent to Aysgarth Sanatorium, mostly as insured persons under the County Council National Insurance scheme, and younger persons, mostly children with other forms of tuberculous diseases to the Morris Grange Sanatorium under the control of the Tuberculosis Officer and a visiting Surgeon.

(2) **MATERNITY.** Prospective mothers, married or un-married, requiring hospital accommodation, are received into the maternity ward of the Rutson Hospital as private patients. No grant or subsidy is received specially for this purpose from any authority. Cases chargeable to the Guardians are admitted into the Union Infirmary.

(3) Children are received into the general wards of the Rutson Hospital. No special ward or special hospital is necessary.

(4) **FEVER HOSPITALS.** Two isolation hospitals for infectious diseases are provided. They are erected side by side in an enclosed field in the Urban area about a mile from the town. One is provided by the Urban District and the other by the Rural District Council

They receive patients from either or both areas. By this arrangement it is possible to isolate two classes of infectious diseases, in two sexes, if necessary, at the same time. This method is economical, convenient, and has worked smoothly to the mutual advantage of both Councils for many years. The nursing, cleaning, etc., is under the charge of the Matron of the Rural Nursing Association at a contract price per patient per week, with a small retaining fee to cover expenses, in case the hospitals were unoccupied, or the number admitted should be unremunerative.

(5) SMALLPOX. Two small detached wooden buildings erected at the back of the Fever Hospitals could be used for isolating a limited number of Smallpox patients. In my opinion the Urban District is not in a position to isolate Smallpox cases from other areas, as this might upset the small provision made at the very time it might urgently be required. Should these buildings prove insufficient for our requirements, others could be improvised for nurses or patients, or one of the other hospitals utilised to tide over the difficulty. Nurses have been selected and vaccinated in readiness in case of an outbreak, and for months during the last two years the hospitals were kept empty as a precautionary measure.

(6) OTHER HOSPITALS. The Rutson Hospital, situated in the town, not only receives such patients as above reported, but also admits other general cases which are suitable for cottage hospital treatment. The accommodation is ample for present requirements and the immediate future. Beyond the subsidy received for the three beds reserved for suitable non-pulmonary tubercular cases above spoken of, this hospital is not supported by the Local Authority or the County Council. During the year 1922, a donation of £200 was received from the Ministry of Health on the recommendation of the Voluntary Hospital Commission after a visit of inspection, and was gratefully accepted by the Committee.

The Union Workhouse Infirmary also receives patients chargeable to the Guardians from Urban and Rural areas. There is no other institutional provision beyond the Workhouse or the Union Infirmary for un-married mothers on recovery after parturition, and none is necessary. Homeless and other children in charge of the Guardians are received in a home provided for this purpose, and are placed in the charge of a competent caretaker, where the children are well cared for.

(7) ARRANGEMENTS FOR DISINFECTION. No efficient disinfecting apparatus by superheated steam or other means for satisfactorily disinfecting unwashable goods is provided. Fumigation is carried out by formalin lamps, or sulphur candles. These are supplied free of charge where it is so necessary. So far no spread of infection has been traceable to the want of an up to date apparatus of this kind.

(8) **AMBULANCE FACILITIES.** (a) For infectious cases requiring removal, a special cab is reserved for this purpose and provided where necessary at the expense of the Urban District Council.

(b) For non-infectious illnesses and accidents, a covered motor ambulance is provided, and attended by Red Cross workers. If a nurse is necessary to take charge of the case, one is provided by the Rutson Hospital. This ambulance is provided free of charge, or paid for in whole or part, according to the capacity of the patient to bear the expense.

6. LABORATORY WORK.

No provision is made for work of this nature to be carried out in this town, nor is it necessary for an area like Northallerton to provide laboratory accommodation. Should pathological or bacteriological examinations be required, the Council have given sanction for these to be carried out by institutions making a speciality of this work. Diphtheria antitoxin and other sera are provided by the Council free of charge to those who are not in a financial position to provide their own.

List of Adoptive Acts, Byelaws and Local Regulations.

There has been no alteration during the past five years. The 1907 Act and other adoptive acts have not been adopted by this Council. The Byelaws are the Model Byelaws of the Local Government Board. No special local regulations have been framed. The Council have given notice of their intention to adopt Parts II., III., IV. and V. of the new Act (Public Health Act, 1925). Part VII., which operates automatically, gives some very useful additional powers to the Local Authority in dealing with infectious diseases and the removal of cases to hospitals.

7. SANITARY ADMINISTRATION.

The following are the numbers of W.C's., dustbins, privy ashpits, etc., in the area at the close of the first of the years under survey (1921) and were tabulated in the reports since that year :—

W.C's.	..	..	..	549
Dustbins	..	..	..	263
Privy Ashpits	..	..	..	170
Deposited before carting			..	20

During 1921 to 1925 the following alterations have taken place :—

	1921.	1922.	1923.	1924.	1925.
W.C's. provided ..	25	12	10	31	46
Dry Dustbins ..	18	2	9	29	46
Ashpits abolished ..	16	2	6	14	29
Contents deposited on road before carting	—	2	—	2	2

which leaves the numbers at the close of 1925 as follows :—

	1921.	1922.	1923.	1924.	1925.
W.C's. 	549	561	571	602	648
Dustbins 	263	265	274	303	349
Privy Ashpits ..	170	168	162	148	119
Deposited on main road before carting ..	20	18	18	16	14

This points to steady progress in the abolition of these insanitary places. In addition to the above, statutory notices are outstanding in respect of the conversion of 9 further privies. The statutory notices served number 21, and informal notices number 20.

As reported for several years, “ much requires to be done in this direction, especially with regard to those deposited on the roadway before carting away. This fouling of the surface is objectionable and dangerous to health in any case, but is doubly so of recent years with the increasing dust due to rapid and heavy motor traffic. Many of the remaining ashpits are badly placed, and matters are made worse by the careless habits of householders who persist in throwing objectionable material likely to decay, into these places. With good household management much of this is unnecessary, and can be avoided at no expense and with but little trouble if ordinary care and orderly habits existed. It was with pleasure I noticed the County Council during 1922 were including “ household management ” in the subjects taught at School, as I personally think this has been too long neglected, and it is to be hoped this side of household management will come within the scope of instruction. I am convinced if careless habits of this nature and similar ones with regard to sinks and drains are once acquired by the adult, it is too late to amend, and instruction in this matter is more likely to bear fruit when sown in virgin soil.”

Sewage Disposal.

The Sewage Disposal works situated about a mile west of the town, and a short distance from the junction of Willow Beck and the river Wiske, treat all the sewage of the town with the four exceptions enumerated below. These works were constructed about twenty years ago, have given no trouble in the working, and produced a uniformly satisfactory effluent during the whole of this time. They have required no addition or alteration, and although sprinklers for double filtration have been provided, single filtration only is practiced, as all that can be desired is obtained by this method. The effluent is uniformly clear, with only a slightly earthy smell, and is not given to secondary decomposition. At the outfall pipe in the Wiske there is nothing objectionable, the bed of the river is clean, and neither vegetable or animal life

in the river, almost up to the outfall, are interfered with. These works are able to cope with the increasing quantity, and altered quality, of the sewage, due to larger numbers of W.C's. provided, and appear to be large enough to deal with the further increase in the near future.

Sewage in small quantities from the following four sources is not treated :—

1. Drainage from a tan yard.
2. Eight cottages near the Tanyard.
3. Drainage from Mount Pleasant (a private house).
4. Drainage from Layfield's Cottages (outside the town).

All these continue to discharge into the Willow Beck, either directly or through a tank. During the greater part of the year this beck is fairly clean, and when the flow of water is good after rains, there is little or nothing to complain of. During hot and dry summer or autumn weather, however, when the beck is reduced to a mere trickle, and almost stagnant, there are evident signs of pollution, and the bed of the stream is foul, black, and objectionable. A considerable quantity of water is drawn by pumping out of this beck where it enters the town, for use by the L. & N.E. Railway Co., and when water is scarce, this extraction is probably greater, which seriously aggravates the evil due to this pollution.

The sewerage of the town is in good order, and the foul smells of some years ago escaping from the man holes and lamp holes which were most objectionable, have been entirely overcome by the relaying of several of the main sewers, and the provision of ventilating shafts in all suitable positions.

Food Inspection.

Bakehouses and other places where food is prepared are visited by the Sanitary Inspector at regular intervals, or special visits when necessary. The regulations with regard to cleanliness and white-washing are well attended to.

Public Health (Meat) Regulations.

The new regulations dealing with the inspection of carcases in slaughter houses, notifying of times of slaughter, improved methods of handling and transport, have been in operation since April 1st, 1925. Some little difficulty was at first experienced in regard to the covering of the meat during transit from slaughter house to shop, but this, and the notification of times of slaughter, are now generally well observed.

There are 7 private slaughter houses in the district, and the Inspector visits these both at notified times of slaughtering and at other times as frequently as other duties permit. None are of modern, or up to date construction, and several are too near houses, or in unsuitable

positions. As only regular places of slaughter come under these new meat regulations, I fear the real object in view in a meat producing area is largely defeated. No butcher or occupier of a regular slaughter house, in a small country town or village, would be so stupid as to knowingly kill or dress a doubtful or diseased animal on his premises, or in any way associate himself with the sale or disposal for human consumption any carcase of this nature. By so doing he would be quickly detected by residents in any small community, and the facts becoming instantly known, as they would by the inhabitants, he would soon ruin his home trade. It would soon be on everybody's tongue "don't buy from butcher Jones this week, he has killed a wrong one." There is reason to believe doubtful animals are slaughtered in "occasional" or irregular places which are not included for inspection under the regulations, and removed to the large towns for disposal. Some few years ago there used to be regular agents keeping in touch with meat salesmen of a certain class in towns. Do these still exist? Without interfering with a farmer, a small holder, or a cottager, very properly killing a sheep or pig for his own or local consumption, the regulations might easily be amended to cover the slaughter of cattle in irregular places, where the carcase is removed for sale a stated distance in miles, without first being inspected by a veterinary surgeon. This would prevent carcasses being purchased for a nominal sum and sold by doubtful retailers in the large towns at prices in serious competition with the just and honest trader selling a sound article.

Private Slaughter Houses in use.

	In 1920.	In Jan., 1925.	In Dec., 1925.
Registered ..	6	7	7

Milk and Dairies Act (1925).

This Act came into operation on September 1st, 1925. Pending the issue of new regulations the existing regulations are still operating in the area. No cases of contaminated supplies likely to cause tuberculosis have come under my notice during the year.

Dairies, Cowsheds and Milkshops.

As Northallerton is the centre of a large milk producing district it is gratifying to report there is every reason to believe that the important question of a clean milk supply has received more attention during the past five years than perhaps any previous time. There are indications that the general public are growing alive to the importance of this movement, and whereas a few years ago dirty milk would command a ready sale, and a retail price equal to a more wholesome article; at the present time enquiries are frequently made for graded or bottled milk produced under good conditions, and the advanced prices paid

give the dairy farmer encouragement to produce milk of this character. As a result of this increased demand and the competitions held giving prizes for the keeping qualities of samples of milk taken under equal conditions in prepared bottles, interest has been aroused not only amongst the farmer producer but also amongst the milkers, dairymen and distributors of milk, which is all to the good.

Most farmers as well as consumers and others have not as yet a clear conception as to what graded or certified milk really means. For their benefit, as well as the good to be derived from disseminating knowledge of this kind it may be here stated that the higher qualities of milk are classified as follows :—

1. Certified Milk.
2. Grade A. Tuberculin Tested.
3. Grade A. Clinically Tested.
4. Pasteurized Milk.

By way of explaining the differences and the conditions under which it is necessary to produce and distribute these four qualities, I cannot do better than quote the following from “Clean Milk” by Margaret Howard :—

“Following naturally upon my recent article on Clean Milk, we come to the grades which are sold under the special designations of the recent “Milk and Dairies (Amendment) Act, 1923,” which came into force last year. Taking first of all the highest grade of milk produced, “*Certified Milk*,” I have often been asked “But what is Certified Milk”? and often I have answered shortly, “as far as humanly possible a guarantee of purity.” This will be readily seen by a short resume of the actual conditions demanded and enforced on the farm by the inspection by officials of the Ministry of Health and also by officials and Inspectors of the Local Authority.

The following conditions are necessary :—

- (1) Cow-sheds must have approved air space, ventilation, and lighting :
- (2) Cows groomed daily and the udders washed before milking :
- (3) Workers must all wear clean overalls and caps, and wash their hands between each milking :
- (4) Most scrupulous care must be exercised during the *whole* process of the production of the milk :
- (5) Milk cooled and bottled immediately after milking. All bottles used must have been previously sterilised :
- (6) Bottles capped with a cap protecting the lip and neck and sealed in such a way that the cover cannot be removed and replaced without detection.

- (7) Each cap bears the date of production and the name and address of the producer. The milk *must* be retailed within 48 hours (at the longest) after production :
- (8) Each cow of a herd producing this grade must be subjected to the Tuberculin Test twice yearly, and be examined clinically four times in the year :
- (9) On the milk being examined bacteriologically there must be *no* signs of *Bacillus Coli* and an ordinary 'count' of the bacteria must not exceed 30,000. (Speaking from considerable personal experience, one very rarely finds a count of such large proportions—the count is generally in the low hundreds, not thousands at all).
- (10) Milk conveyed to the distributor in a sealed box, seal broken and the bottles simply delivered to the customer by retailer.

It is readily seen that the milk is bottled in the clean air of the country and cannot become contaminated during the process of delivery. The label this milk bears is in itself a guarantee that it is produced under the most stringent rules of cleanliness and has to stand periodical bacteriological tests. It is produced from healthy cows under constant supervision of the fully qualified Veterinary Surgeon. The price is greater, which is to be expected, but this extra charge or cost could surely be termed "The cost of security," for by its purchase one is assured of a good milk and one free from the dreaded germs of Tuberculosis.

The next grade of milk is termed "*Grade A, Tuberculin Tested.*"

The conditions of production on the farm are exactly similar to those for the production of "Certified" Milk, the farm being subjected to periodical visits of inspection and granted a licence by the Ministry of Health. The only differences are the following :—

- (a) After cooling milk sent to distributors in *sealed* churns which must be *unventilated* :
- (b) Seal of churn broken at dairy (where the bottling is generally done by machinery) bottles sealed ready for distribution :

Bacterial count allowable is 200,000 per c.c., and no signs of *Bacillus Coli* in 1/1000th dilution.

The seals of these bottles must be similar to those for "Certified" milk. The lettering must, besides stating the date of production, bear the name and address of the distributor, also stating that it is bottled on the premises of that distributor. The Dairy distributing this grade is under supervision and inspection by officials of the Local Authorities who grant a licence for the sale of this "*Grade A Tuberculin Tested Milk.*"

This milk is slightly dearer also than ordinary milk, but one can look upon it as a ' safe ' milk, for the maintenance of a healthy herd, free from tuberculosis, is exactly the same, and the producer must have his whole herd tested periodically in a similar manner by a fully qualified Veterinary Surgeon. That these conditions are *in* force and that they are *enforced* cannot be too widely known, and I fear the general public do not realise that a milk which is free from the germs of Tuberculosis *can* be obtained at a comparatively low cost ; Often I find that a difference of $\frac{1}{2}$ d. is the " cost of security " in this instance, for the " Grade A " *clinically* tested milks are retailed with just that margin only.

One wishes that all those responsible for the well-being of infants and invalids would realise the difference more markedly of a " *safe* " article and one usually spoken of as " just as good " by those dairy-men anxious to sell " just " milk.

" GRADE A " CLINICALLY TESTED.

This milk is produced under better condition than " milk," for the retailer must have a licence for selling from the Local Authorities, so must be under the inspection of that Local Authority.

The herd producing is inspected by a fully qualified Veterinary Surgeon, outwardly only. There is *no* Tuberculin test applied, therefore there is no reason for supposing this milk to be absolutely free from the germs of tuberculosis. The cows undoubtedly are producing milk in the old-fashioned style of the " out of date " farmer, for the sheds and byres must have :—

- (1) Sufficient air space.
- (2) Herd clinically examined four times in the year by a Veterinary Surgeon.
- (3) Sealed and capped after bottling, the cap bearing the day and date of production.
- (4) The name of retailer, and the words " Grade A Clinically Tested " must also appear on the cap.
- (5) Milk is allowed to travel on the railway in unventilated churns.
- (6) Bacterial count allowable the *same* as Grade A Tuberculin Tested, viz. :—200,000 per c.c.
- (7) No Bacillus Coli in 1/100th dilution, also the same as a Grade A Tuberculin Tested supply."

Pasteurised Milk is generally treated at the wholesale dairies by heating to 145° to 150° F for at least 30 minutes, and immediately cooled to below 55° F. The milk must not be so treated more than once. Bacterial contents not more than 30,000 per c.c. and no B. Coli in 1/10 c.c. All vessels to be labelled Pasteurised Milk.

From the town dwellers' point of view the winter supply of milk is an important matter, and the producers have been encouraged to increase this supply by regulating their herds, so as to give an extra supply at this season, which generally brings an enhanced price. As a result of this, during the past winter there was over production for the first time on record, and some difficulty was found in marketing the extra supply.

I am informed in certain Yorkshire towns a few years ago milk of this character (certified or graded) was practically unsaleable, but to-day a great change has taken place, and the demand for the higher grades of certified milk is only met with difficulty. Other northern towns on the other hand practically consume none. There is, however, a disappointing side to the question of certified milk in the matter of the expense incurred in obtaining the certificates. It is disappointing that it is necessary to charge any fee for such a certificate, but if any is charged it surely should be a nominal one. Encouragement should be given in a much needed reform of this nature, and it seems a truly strange way of giving encouragement by charging a fee to those pioneers who wish to do their best to improve the quality of the milk supply. In any case the total fees collected can be as nothing compared with the loss of possible buyers who may be deterred by the thought of a fee, coupled with the extra work required in carrying out the instructions or becoming conversant with the new method.

FEES PAYABLE FOR LICENCES.

<i>For a Licence to sell Milk as "Certified."</i>	£	s.	d.
Licence in respect of the establishment at which the milk is produced	5	0	0
Licence in respect of the shop or other premises (not being such establishment as aforesaid) at or from which the milk is sold	0	5	0
Supplementary Licence to sell milk from premises which are outside the area of the licensing authority ..	0	2	0
<i>For a Licence to sell Milk as "Grade A (Tuberculin tested)" or "Grade A."</i>			
Licence in respect of the establishment at which the milk is produced	1	1	0
Licence in respect of the establishment (whether the establishment at which the milk is produced or not) at which the milk is bottled	2	2	0
Licence in respect of the shop or other premises (not being the establishment at which the milk is produced or bottled) at or from which the milk is sold ..	0	5	0
Supplementary Licence to sell milk from premises which are outside the area of the licensing authority ..	0	2	0

For a Licence to sell Milk as "Pasteurised."

Licence in respect of the establishment in which the process of pasteurising is carried on and of any shop or other premises in the area of the same licensing authority from which the milk is sold	1	1	0
Licence in respect of any other shop or other premises at or from which the milk is sold	0	5	0
Supplementary Licence to sell milk from premises which are outside the area of the licensing authority ..	0	2	0

For many years now in the Annual Reports I have dwelt at some length with this subject believing it to be a most important one for a district like Northallerton, and have from time to time reproduced paragraphs, as I believe a second or third repetition (on the principle of the drop wearing away the stone) often does more permanent good than fresh matter. Short of producing certified milk much progress can be made, and the following paragraphs are reproduced from past reports with this object in view :—

“ There is growing a demand for up-to-date byres of modern construction, or improvements and alterations in the existing buildings. During the present depressed state of agriculture this is a very doubtful policy to pursue, and if pressed is calculated to drive small milk producers out of the business, as the cost of the alterations in many cases is more than the profits of the trade will allow. Short of structural alterations, great improvement could be made in the meantime in the matter of cleanliness of the byre, cleaning the animal itself, more cleanly methods of milking, at comparatively small cost or trouble, which would yield immediate results. The cows could be cleaned and groomed at least in their hind quarters, they could be given more bedding, better arrangements could be made for the catching or removal of their droppings, and the whole process of milking could then be carried on with more care and greater cleanliness. Infected cattle often suffer from tuberculosis of the bowel and the udder may be quite healthy. They pass infected motions and the dust and dirt of the byre as well as particles from the hind quarters of a cow, falling into the milk at the time of milking are likely to convey tubercular infection.

Instead of pressing for improved buildings, infinitely more good could be done in the immediate future by concentrating on cleanliness.

As a practical example as to what is possible by care and cleanliness during the milking process, the following facts are noteworthy. Milk from a farm in the rural area was reported as containing an excessive quantity of bacteria, and the men engaged in milking were instructed as to a better and more cleanly method of milking. They took an intelligent interest and altered their ways, with the result that the next samples tested showed a very marked diminution in the number of

bacteria present. I think one or two simple lectures by an expert to men engaged in milking, dealing with this branch of the subject and the methods to be employed to improve it, would be received with interest and might lead to much good at very little expense.

During 1924 and 1925 a very interesting and useful competition relating to milk took place in this district. In this competition samples of milk by the competitors were placed in prepared bottles, collected, tested twice daily, and their keeping qualities ascertained. The sample keeping sweet the longest time gaining the prize. One sample from a clean supply did not keep so well as expected, and it was later discovered the can used in milking, although clean was somewhat worn, a second test was made with a newer tin which showed marked improvement. The worn surfaces of the former tin no doubt gave a more adhesive surface to particles containing germs. This shows the importance of all receptacles for milk being kept in good repair. The rivalry set up by competitions of this kind is good, and fixes the attention of the workers upon the importance of cleanliness as nothing else will.

The importance of milk, and especially clean fresh milk as an article of diet, is not fully understood by the average householder of our towns. In the household of an artisan the minimum is generally spent on milk, and the mental attitude towards spending anything on milk is about equal to that of purchasing water by the pint. The first economy (?) during trade depression is therefore a curtailing of the expenditure on milk, (at once reflected in the returns of the wholesale dairies) and as a consequence an added danger to the welfare of infants and young children. Knowledge as to the extreme value of good milk as an article of diet especially for the children of towns, requires to be more widely disseminate than it is at the present time."

The cowsheds in this area will compare favourably with most agricultural centres, but leave much to be desired.

It is very pleasing to record the fact that most of the points, and all the important ones, mentioned above, are included in the "Clean Milk Order" in the new draft regulations issued by the Health Ministry since the above was written.

8. PUBLIC HEALTH STAFF.

No alteration has been made in the Staff during the past five years with the exception of the Inspector, Mr. Watson, retired, and Mr. Hillyard appointed to fill the vacancy. The staff consists of one Medical Officer of Health (part time) and one Sanitary Inspector (whole time). The usual contribution is made to the salary of the Medical Officer under the Public Health Acts. The area is so small it is not necessary to appoint assistant officers or specialised inspectors. The Inspector also acts as Surveyor and Water Inspector.

9. HOUSING.

Council's Housing Scheme.

During 1924 the Council undertook the erection of 20 houses by contract. They were to be built on the land in the Vicar's Croft purchased six years previously, for the Municipal Housing Scheme. The site is an excellent one, open, accessible, and convenient for water supply and drainage. These houses were to be subsidised £100 per house, and the Exchequer subsidy of £6 per annum for 20 years in accordance with the terms of the Act of 1923.

During the year these 20 houses have been completed, and are now occupied, and a further 8 houses are in course of erection. The type of house is good, they have been readily taken, and all the occupiers have either purchased outright or through an attractive scheme of payments spread over a series of years. The scheme has been a marked success, and what is more it has been accomplished without any addition to the rates.

Private Enterprise.

The Council have given assistance, by means of the subsidy provided under the 1923 Housing Act, to the erection of 30 houses by private enterprise, eighteen of which are now completed and occupied.

Dwelling Houses erected in period of five years.

	Completed.	In course of erection.
Non-Subsidy Houses	9	3
Subsidy Houses (Private Enterprise Housing Act, 1923)	18	14
Council Housing Scheme	20	8
	—	—
	47	25
	—	—

This represents an increase of houses of no less than 6·5 per cent., and as an effort to provide houses to fill the shortage, is a result of which Northallerton has reason to be justly proud. If all communities could repeat this, the difficulties of the housing problem would be quickly solved.

Unfit Dwelling Houses.

1. Dwelling houses inspected under the Housing and Town Planning Regulations, 1910 319
2. No houses were found unfit for human habitation, and none not reasonably fit.
3. It was not necessary to institute legal proceedings under Section 28 of the Town Planning Act, Public Health Acts, or Section 17 and 18 Housing Act, 1909.

In two cases only was it necessary to require repairs to be done, and this was effected without formal proceedings.

10. WATER SUPPLY.

During the whole five years the water from the town's supply continued to be excellent in quality. As reported previously it is derived partly from water caught at the springs as it issues from the hill side in Oakdale after natural filtration through oolitic limestone. This supply is soft, clear and free from risks of contamination. The other portion is a supplementary one, and is impounded water derived from the higher reaches of a moorland beck, held up in the higher reservoir. This water is not so soft or so clear and is mixed with the spring water as occasion demands. The internal scraping of the line of pipes by the "ferret" arrangement during 1922, increased the delivery into the town by 60,000 gallons per day, which was an increase by one third on the amount previously delivered. Many deposits and much incrustation were thereby removed, and a great improvement in the delivery of water effected.

This increased delivery now shews serious signs of diminution, and with the object of again restoring the line of pipes to their former capacity it is intended to repeat the scraping process during the coming summer.

The demand for water for both trade and domestic purposes continues to increase, and is likely to do so for some time, owing to the additional houses, the extension of the mains to the village of Romanby, situated in the Rural Area, and the continued increase of W.C's. in the place of the privy ashpits referred to earlier in this report. Indeed at the present time there is difficulty in delivering an adequate quantity of water for all purposes through the line of pipes between Oakdale and the Bullamoor reservoir, and the Council will probably have to consider, in the near future, some scheme for increasing further this line of pipes, so as to make an extra supply of water safe at all periods of the year.

The area supplied includes Northallerton, and two villages, Brompton and Romanby in the Rural District, situated on the east and west of the town.

I take this opportunity of thanking the Chairman, Members of the Council, as well as the Clerk and Surveyor, for all help and sympathetic support shewn me during these years of office.

I am, Mr. Chairman and Gentlemen,

Your obedient Servant,

WILLIAM BAIGENT,

Medical Officer of Health.

